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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVEN | TOR | | ATTO | RNEY DOCKET NO. | С | ONFIRMATION NO. | |
| 10/582,915 TITLE OF INVENTION | 06/14/2006 I: NOVEL MIRNA MOL | ECULES ISOLATED FI | Kye-Seong Kim ROM HUMAN EMBR | | NIC STEM CELL | 00 | 76964-000018 | | 7421 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE D | UE | PREV. PAID ISSUI | E FEE | TOTAL FEE(S) DUI | E | DATE DUE | |
| nonprovisional | YES | \$755 | \$300 | | \$0 | 1 | \$1055 | | 01/21/2010 | |
| EXAM | EXAMINER | | CLASS-SUBCLASS | | | | | | | |
| EPPS -SMITH, JANET L | | 1633 | 435-320100 | -320100 | | | | | | |
| 1. Change of correspond CFR 1.363). Change of corresp Address form PTO/S: "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Buchanan Ingersol1 8 Rooney PC | | | | | | | | | |
| PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI COLLEGE OF UNIVERSITY | less an assignee is ident th in 37 CPR 3.11. Comp GNEE MEDICINE, PO INDUSTRY-ACA | A TO BE PRINTED ON ified below, no assignee pletion of this form is NO CHON CHA DEMIC. | data will appear on t T a substitute for filing (B) RESIDENCE: (C KYUNGGI-DO | he pag an a | ntent. If an assign assignment. and STATE OR C REPUBLIC C | OUNT F K | 'RY) OREA | | | |
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| a, Applicant claim | ntus (from status indicate as SMALL ENTITY statu ad Publication Fee lifted records of the United Sta | | b. Applicant is not from anyone other the office. | | | | | | | |
| Authorized Signature | 1 1/1/1 | W L | w. | | | | 21, 2010 | , | | |
| | charles F. | | | | Registration N | | | | | |
| this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223 | ions for reducing this bu Virginia 22313-1450. DO 313-1450. | FR 1.311. The information of U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the UNOT SEND FEES OR persons are required to re | ne Chief Information C COMPLETED FORM | office IS TO | r, U.S. Patent and THIS ADDRESS | Traden S. SENI | nark Office, U.S. De D TO: Commissione | partn r for | nent of Commerce, P.O. Patents, P.O. Box 1450, | |